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Space between the borders?

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Chapter **Eight**

General discussion

The central aim of this dissertation was to shed new light on the participation of young people in decision-making procedures while staying in (secure) residential care. We did so by focusing on the current state of knowledge on the participation of young people in decision-making procedures related to their stay in care; by looking at the experiences and perceptions of both young people and care professionals working in such facilities; and by the development of a tool – the Best Interest of the Child–Self-report questionnaire (BIC-S) – that might support young persons in expressing their views in decision-making processes related to their living environment while staying in care.

Participation in decision-making procedures of young people in care is – besides being a fundamental right – regarded a key aspect that affects their current or future living circumstances and might improve the quality of decision-making on and the delivery of providers' services. Although care and treatment in secure residential care is, in first instance, based on a coercive measure and thereby substantially constraining the room for participation in decision-making, it is likely that participation is also essential for young people in these facilities. The main findings of this dissertation will be of interest for a broad array of services directed at supporting young persons in residential settings.

In this final chapter, we will summarize the main findings for each research question addressed in this dissertation. Hereafter we will provide a critical reflection on our main results. Next, the strengths and limitations of the study will be presented. Finally, we conclude the chapter by reflecting on the implications and recommendations for research and practice.

MAIN RESEARCH FINDINGS

The main research findings for each of the six research questions can be summarized as follows.

Current state of knowledge

In order to provide a context to the study, we initially focused on Dutch residential child and youth care practices. Hereby, our first research question was: *What is currently known about the Dutch residential child and youth care practices?*

From studying recent literature on residential care (**chapter 2**) we concluded that, over the years, residential youth care underwent several positive developments. Within residential care practices there has been an increased cooperation between system parties (i.e., residential facilities, social workers, juvenile justice system); a focus on implementation of effective treatment interventions; and on 'what works for whom' (Harder, 2011; Helmond, 2013; Heynen, 2015; Nijhof, Veerman, Engels, & Scholte, 2011; Van der Helm, 2011). Participation of the young person and his/her context has

become a key aspect in both policy and practice. However, supporting young people in a way in which their best interests are taken into account and their voices are heard and given due weight, still remains an important challenge within Dutch (secure) residential youth care – especially, since recent changes in the youth care system and related budget cuts may put pressure on the primary care process and therefore also may lead to less time and space for (implementing) participation.

Considering that (Dutch) residential treatment underwent various changes over the years and increasingly seems to aim at the inclusion and participation of young people and their context in care-related decisions, our second research question was: *What is known, based on research literature from 2000 up to 2016 about a) the actual opportunities for young people in (secure) residential care to participate in decisions regarding the contents and setting of care and treatment, b) the possible challenges to and facilitators of participation, and c) the outcomes of care related to (a lack of) participation?*

A systematic assessment of the literature on the level and type of participation of young people in decision-making procedures related to their stay in residential care (**chapter 3**) showed us that – despite several (in)formal safeguards – young people experienced limited opportunities to really impact (the outcomes of) a decision. Furthermore, the 16 studies that met our search criteria suggest that young people have restricted possibilities to ‘meaningful’ participate in decision-making. Next, various challenges and facilitators of participation processes were reported regarding the level of the young person, the professional, and the (socio-cultural) context. None of the studies provided strong evidence for a *causal* connection between the ‘amount’ of participation in decision-making and the outcomes of residential care, mainly because most of the studies had a descriptive research design. Only the study by Carrà (2014) reports a significant relationship between participation in decision-making and care effectiveness, operationalised in terms of young persons’ emotional well-being. Based on our review study we recommend a further focus on what participation exactly entails within the context of residential care, how to further implement participation within daily practice, and to develop an in-depth understanding of the perceptions of participation from both young people processed through the system and the professionals working with these young people.

Experiences and perceptions

After discussing the current state of knowledge on the participation of young people in decision-making procedures while staying in residential care, we zoomed in on the experiences and perceptions of participation by young people in secure residential care. Our third research question was: *What are the perspectives of young people on their experiences with participation in decision-making during their stay in a secure residential care setting, such as a Juvenile Justice Facility?*

In our qualitative study (**chapter 4**) we conducted semi-structured interviews with 18 young people staying in a JJF. We constructed a *conceptual model* to provide further insight into the decisions that seem to occur within JJFs (see also Southwell & Fraser, 2010). We hereby divided the decisions that occur in the facility between *everyday issues* (e.g., rules, household matters) and *higher order decisions* (e.g., case planning, treatment goals). Several young people brought forward they felt listened to and had no difficulties sharing their views on decisions. Our results indicated that within the structured context of the JJF, young people experienced a certain degree of freedom with regard to *everyday decisions* as well as *higher order decisions*, such as room for choice with regard to group activities or for discussing treatment goals, respectively. However, the young people had mixed views on their actual involvement in decision-making, especially when it came to seeing a (direct) impact of their views on the outcomes of decisions. There seemed to be numerous (physical) boundaries which limited the young person's participation process (e.g., the institute's buildings, the juridical procedure, group sanctions). Our results also showed us that most young people wanted to be involved in decisions that really had an impact on their stay in care (cf. Henriksen, 2008; Munro, 2001). However, some young people did seem to be indifferent when talking about their role in decision-making procedures. Furthermore, several young people were hesitant or suspicious of sharing too much information with professionals. These findings emphasise the importance of looking further into the factors that underlie the possibilities of participation within secure residential care.

Besides the perspectives of young people on the topic of participation in decision-making, we also wanted to focus on the experiences and perceptions of care professionals working with these young people, including the role they have in the participation process of young people. Therefore, our fourth research question was: *What are the perceptions and experiences of care professionals working in JJFs with participation of young people, thereby focusing on the factors that might influence the young person's participation in decision-making while staying in a secure residential care facility, such as a Juvenile Justice Facility?*

In our qualitative study (**chapter 5**) we interviewed 24 professionals working in two different JJFs in the Netherlands. Professionals have mutually similar – though fragmented – images of participation (e.g., listening to the young person, showing him/her respect, striving for reciprocity in the communication), and they were aware of the need of youth participation in their work. At the same time, professionals expressed the need to be clear about expectations and (existing) boundaries to young people in relation to participation. By linking participation one-on-one with boundaries, professionals create a border to participation. These findings suggest that the context in which care professionals work determines in a way how they look at participation. In other words, the context of JJFs may shape the specific meaning of participation for professionals. Based on the perceptions and experiences of professionals we developed a *conceptual*

model of factors that are associated with the young person's participation in decision-making while staying in coercive care, consisting of *organisational and socio-legal factors, care-professional factors, young person factors, and residential group factors* (cf. Horwath et al., 2012). The model contributes to the building of a theory on youth participation in residential care. Based on our findings we recommend a structural embedding of young people's participation in secure residential facilities in a way that takes the needs and perspectives of both young people and professionals into account.

Supporting young persons in expressing their views

In an attempt to enhance participation of young people in residential care, we have developed a tool that might support young people in expressing their views in decision-making processes while staying in secure residential care. Our fifth research question was: *How can we develop, in collaboration with young people in secure residential care, a self-report questionnaire that enables them to express their own views on key aspects of their current and future living environment?*

Through a participatory development process, in which we closely cooperated with young people and care professionals from a secure residential care facility (**chapter 6**), we constructed the *Best Interest of the Child – Self-report questionnaire* (BIC-S). The instrument incorporates fourteen (pedagogical) environmental conditions which all together represent the perceived quality of the living environment in which young people are staying. It builds further on the Best Interest of the Child model and questionnaire (Kalverboer et al., 2012; Kalverboer & Zijlstra, 2006; Zijlstra, 2012). The 14 conditions refer to 1) Care: food, drinks, clothing, possessions; 2) Safety in and around the house; 3) Contact with caregivers; 4) Structure and rules; 5) Adequate example by caregivers; 6) Interest in who you are; 7) History and future of upbringing and care; 8) Safety of surroundings; 9) Respect for who you are; 10) Support within your network; 11) School and spare time; 12) Friends; 13) Adequate example by others; and 14) Stability in the life course. The BIC-S aims to enable young people to express their own views regarding these key aspects of their current and future living environment.

The participatory development process provided insight into the ecological validity of the BIC-S. In focus groups young people brought forward they wanted the questionnaire to be short, uncomplicated, attractive, and to be incorporated as *part of the dialogue* between professionals and young people. Also, they preferred some 'open space' to express themselves on things that occurred or were experienced in their living environment, instead of only simple 'yes' or 'no' answered questions (cf. Charles & Haines, 2014).

One of our recommendations was to investigate the psychometric properties of the questionnaire and, if assessed as adequate, to get an indication of young peoples' experiences of their residential living environment, based on the questionnaire data. Therefore, in our final study we examined the following research question: *What are*

the psychometric properties of the self-report questionnaire and how do young people experience their current living situation within a secure residential care facility?

We examined the construct validity of the BIC-S through a Mokken Scale Analysis (MSA) in a sample of 74 young people staying in a secure residential care facility (**chapter 7**). A total of 11 living environmental conditions formed a moderate scale, in which the conditions 'School and spare time', 'Friends', and 'Examples by others' – representing conditions belonging to the *broader* living environment – were excluded from the final scale. A closer look at the outcomes showed that some young people experienced difficulties answering questions that related both to the situation in the facility and to their situation back home. Furthermore, the perceived quality of the current care and living environment in the facility ranged from 1 (lowest quality) to 33 (highest quality)¹, with a mean score of 21.81 ($SD=6.37$). This suggests that improvements in the quality of the living conditions are needed. In addition, most of the young people provided further information about their time in the facility by writing comments in the open spaces of the BIC-S. Most comments made related to 1) personal safety and respect for one's integrity; to 2) the variety of activities within the facility; and/or to 3) the relationship the respondents had with their care professionals.

Our findings indicate that the BIC-S has the potential to serve as an instrument for young people in (secure) residential youth care to voice their perceptions on their current living environment in the process of assessment and decision-making. To make the instrument suitable for everyday clinical practice it needs further elaboration, such as the possibility to differentiate and adapt to specific living arrangements (e.g., semi-residential care vs. continuous stay in care; voluntary placement vs. coercive measures).

DISCUSSION OF MAIN FINDINGS

Children's rights are intended precisely for young people in a fix, such as young people who are temporarily or permanently deprived from their family environment or in whose own best interests cannot be allowed to remain in that environment. Participation of young people is one of the basic principles of the Convention on the Rights of the Child (1989) and therefore a fundamental right for every young person growing up in residential care. Participation of young people is intertwined with power, development and change (Thomas, 2007, p. 206). At the same time, within (secure) residential care decision-making takes places in a context of interdependence (Bell, 2011, p. 199). The (care) environment of the young person should thereby promote optimal developmental and empowerment chances. Participation is thus not an end in itself, but a process by which the lives of young people can be improved.

¹ The scoring categories for the main questions for the main questions are: Unsatisfactory (0), Moderate (1), Satisfactory (2), and Good (3). Because the final scale of the BIC-S has 11 conditions, the minimum score of the BIC-S is 0 and the maximum score is 33.

Our study provided insight into young people's participation in decision-making while staying in secure residential care. As soon as a young person is placed in (secure) residential care, he or she is confronted with numerous decisions related to *everyday issues* and *higher order decisions* (cf. Southwell & Fraser, 2010; Ten Brummelaar et al., 2014). Secure residential facilities are highly structured environments, in which many decisions are fixed. Within these structured environments, there is some degree of freedom, in other words a 'space between the borders' for the young person's participation process.

Our study showed that within secure residential care there are several formal safeguards for the young person to express his/her views, such as through a complaints committee, a month commissioner, the possibility to file a complaint against the facility through a lawyer, or becoming a member of the youth council. In addition, in recent years there has been an increased focus on creating a safe and stimulating living climate within Dutch secure residential care in which the dialogue between the young person (and his/her context) and the care professionals working in the facilities has a central role (cf. Bramsen, Willemse, & Cardol, 2015; Harder et al., 2012; Van der Helm et al., 2013).

Despite these (in)formal safeguards the opportunities for young people still seem to be limited to meaningfully participate in decision-making procedures; young people experience little opportunity to *really impact* (the outcomes of) a decision. This is in line with findings from studies conducted in other areas of care, such as child welfare, child protection and family law (Cashmore, 2002; Cashmore & Parkinson, 2009; Costa El-Hage, 2007; Gallagher et al. 2012; Franklin & Sloper, 2006; Freundlich, Avery, & Padgett, 2006; Metselaar, Knorth, Van Yperen, Van den Bergh, & Horstman, 2016; Röbäck & Höjer 2009; Van Bijleveld et al., 2014; Vis & Thomas 2009). In addition, our study showed that professionals sometimes see participation as a luxury for young people, which comes as reward for good behaviour instead of as a basic need in the care and treatment process. Using participation as a 'method' to achieve external, adult-led aims is considered to be 'tokenistic' and is a fundamental problem for participatory theory and practice (cf. Hart, 1992; Thomas, 2007). In this way opportunities for positive youth involvement remain limited and, therefore, contravene the basic right of young people to develop within the institutions' walls.

Interestingly, despite most young people wanting to be involved not only in trivial decisions but also in decisions that really had an impact on their stay in care (cf. Henriksen et al., 2008; Munro, 2001), not all young people were as 'into' participation. Some of them did seem to be indifferent when talking about their role in decision-making procedures. Some studies bring forward that lacking adequate participation possibilities may cause young people to stop caring, or to develop feelings of indifference with regard to their participation process (cf. Fudge Schormans & Rooke, 2008; Leeson, 2007; Polvere, 2014). Also, several young people in our study were hesitant or suspicious of sharing too much information with professionals. They explained that they were highly aware

that 'things they say' may be used against them by professionals further along the care path. In addition, young people also had reservations about sharing information with professionals, as some of them already had numerous experiences within the care system and oftentimes dealt with many professionals in their past (cf. Henriksen et al., 2008). We suggest to further examine the possibilities for cooperating with these relatively 'hard to reach' young people (Brauers, Kroneman, Otten, Lindauer, & Popma, 2016; Harder, 2015; Ryan & Deci, 2000). Especially for these young people, guaranteeing that participation is not used as a 'method' to achieve external, adult-led aims is important (e.g. by *rewarding* with participation, or *punishing* by taking away participation).

In our study, even for hard to reach young people, a positive relationship between the young person and the care professional has been indicated as a key aspect in the young person's participation process. Such a relationship is enhanced by communicative assets like showing an understanding of the young person's psychological state, listening to his/her story, showing respect, and aiming for reciprocity in encounters and contacts (Brown et al., 2011; Cousins & Milner, 2006; Henriksen et al., 2008; Malmsten, 2014; Salamone-Violi et al., 2015; Stevens, 2008). Not only within the literature on youth participation is this relationship considered to be essential (see for instance Iachini, Hock, Thomas, & Clone, 2015). Also in secure residential care, a positive relationship between a young person and his/her professional caregiver is associated with higher treatment satisfaction experienced by young people (Harder, Knorth, & Kalverboer, 2012). In order to facilitate a positive relationship, a safe and stimulating context is of utmost importance (see also Munford & Sanders, 2015). However, our study shows that residential treatment providers oftentimes deal with conflicting agendas, inadequate funding and far-reaching statutory regulations (see also Bell, 2011; Brown et al., 2011; Cousins & Milner, 2006; Fudge Schormans & Rooke, 2008; Manful & Manful, 2013). Furthermore, the environment of secure residential care in which care professionals operate can be regarded as fairly constraining. This might conflict the efforts to stimulate the participation of young people in decision-making procedures.

As a result, the promotion of youth participation should not only take place at the level of the professionals, but also needs to be facilitated at the level of the organisational environment in which the professional operates (see also Anthonio, 2016; Bell, 2011; Van der Helm et al., 2013). In line with this, a recent publication by the Council for Public Health and Society [in Dutch: Raad voor Volksgezondheid en Samenleving] (2016) concludes that managers, in their administrative decisions, could and should further connect with experiences and perceptions of care professionals. Herewith, participation on the level of the primary process in which the care professional and the young person interact with one another will only succeed if this process is supported by the management (organisational level). For professionals it is as equally important that the management level guarantees participation not to be used simply as a 'method' to achieve external, management-led aims.

In order to establish participation at the level of the organisational environment, the existence of common frameworks that endorse participation are required, such as the United Nations Convention on the Rights of the Child (CRC) and its translation to national policy. In 2013, the Committee on the Rights of the Child, the treaty body of the CRC, adopted General Comment (GC) No. 14 on *the right of the child to have his or her best interests taken as a primary consideration*. The GC pays special attention to the role of the child's views in decision-making processes. Hereby the General Comment refers to article 12 of the CRC, broadly known as the 'participation' article (UN Committee on the Rights of the Child, 2009). According to the GC '...any *decision* that does not take into account the *child's views* or does not give their views due weight according to their age and maturity, does not respect the possibility for the child or children to influence the determination of their best interests' (UN Committee on the Rights of the Child, 2013, p. 13, our italics).

STRENGTHS AND LIMITATIONS OF THE STUDY

When we reflect on our study, there are both strengths and limitations to the way we studied the young person's participation process.

Strengths

First, with this thesis we assessed the young person's participation in decision-making processes while staying in (secure) residential care. We conducted a thorough literature search to assess the current state of knowledge with regard to the topic of participation in residential care. Through this search, we contributed to the current knowledge on the content of and the setting wherein participation in decision-making takes place, including the underlying factors that support or challenge young people's participation while staying in residential care.

Second, in our study we used both quantitative and qualitative research methods to look into the perspectives of young people and professionals, which provided useful supplementing information (Wright & Bouffard, 2016). Focusing on these two parties' perspectives and experiences offers insight into the role they (think they) play and the behaviours they show. Furthermore, based on this information 'from the floor' we were able to construct conceptual models and therewith contributing to the building of a practice-informed theory on youth participation in residential care.

Third, we developed a reliable and valid tool – the BIC-S – to support the young persons' expression of views in decisions related to their living environment while staying in secure residential care. In the development process of this instrument, we actively involved young people during various stages of the research process. The participatory approach without doubt contributed to the ecological validity of the instrument. Powell

and Smith (2009) argument in favour of such an approach that children should always be viewed as social actors who can play a part in the decision to participate (or not) in research, as long as a 'general child-centred perspective guides researchers' (p. 139).

Limitations

Participation of young people in decision-making has universal value (Committee on the Rights of the Child in 2009; Convention on the Rights of the Child, 1989). However, most studies on youth participation are conducted in Western countries. With this, it is difficult to tell if, and how, participation has value in other countries. It is inappropriate to assume that an Anglo-European perspective on the topic of participation should fit all other countries around the world (see also Henrich, Heine, & Norenzayan, 2010; Zevulun et al., 2015). When interpreting the results of this thesis, it is necessary to take this cultural aspect into account.

Our study mainly has a qualitative nature. Therefore it is not possible to generalize outcomes to young people or care workers beyond the samples in the present study. Further, since participation in our research was voluntarily, some young people did not participate in our study (e.g., young people with bad psychological conditions or having a negativistic attitude against participation in research). In chapter 4 and 5 we included only boys staying in JJFs. Young females and professionals currently working with them in these institutes and other coercive settings, such as secure residential care centres [*JeugdzorgPlus instellingen*], were not engaged. So our sampling in these chapters might have given a somewhat limited picture. However, when we look at the total population of young people staying in JJFs in the Netherlands, nearly 96% is male (Valstar & Afman, 2013). With the increasing knowledge on female delinquency (Lambie & Randell, 2013; Hoeve et al., 2012) and females in (secure) residential care (Nijhof, 2015; Sonderman, Van der Helm, Gutterswijk, & Stams, 2015), it would be interesting to investigate if the needs expressed by the male participants also apply to females and professionals working with young females in comparable settings. In addition, because we only focused on JJFs it would therefore also be advisable to further expand the study to secure residential care centres.

Furthermore, we did not direct our attention to the 'actual' or 'live' participation of young people in decision-making procedures. Even though we did join the daily affairs of the institutes during the time of the data collection phase and got a real good impression of the interactions between workers and inhabitants, we chose to focus on their views and perceptions. We do recommend further exploration of the actual participation process through the use of multiple data collection methods (such as observations) and data triangulation in future research. The strengths of such data collection methods are shown in a recent special issue on conversational contexts (Harder, Hall, & Van Nijnatten, 2016), in which direct observations and close analyses of naturally occurring processes are used to study dynamics of relationships between child welfare workers and clients,

also in relation to residential care practices (Eenshuistra, Harder, Zonneveld, & Knorth, 2016).

Finally, the results regarding the psychometric properties of the BIC-S have been evaluated as 'moderate'. So the instrument is not yet one-on-one applicable in everyday clinical practice. Since the instrument has shown to have potential value in 'voicing' young persons' perception of their living situation in (secure) residential care, further research into the use and usefulness of the questionnaire is recommended. For instance, it would be interesting to further investigate how perceptions of young people (BIC-S) relate to the judgement of professionals (BIC-Q) (Kalverboer et al., 2012).

RECOMMENDATIONS AND FUTURE PERSPECTIVES

Our study offers recommendations for both research and practice. In the following section we first discuss recommendations and future perspectives with regard to research. Second, we reflect upon recommendations and future perspectives with regard to practice.

Recommendations and future perspectives for research

Focusing on the current state of knowledge about participation within residential care practices, we see that participation in decision-making is acknowledged as essential in the quality of care and treatment of young people. As we saw in all chapters of this thesis, there are various ways of looking at the concept of participation, and therefore, the concept of participation is quite challenging to actually measure. In addition, there is a lack of standard measurement tools by which participation is monitored, and a lack of longitudinal research designs assessing the contribution of participation to treatment outcomes (Charles & Haines, 2014; Gallagher et al., 2012; Vis et al., 2011). At the same time, we recognise the complexity that arises when striving for uniformity, especially when participation is seen as a social phenomenon 'interwoven' throughout daily practice (cf. Casas, 2016).

There are several sound frameworks¹ used in practice and research, which offer potential value in the care and decision-making processes in (secure) residential care (see for instance Charles & Haines, 2014; Kirby et al., 2003). Recently, the focus has shifted towards the factors which underlie the participation process (Horwath et al., 2012). In our study, we assessed factors that promote and interfere with participation of young people in (secure) residential care by conducting a systematic research review (chapter 3) and an empirical study (chapter 5). Moreover, the two conceptual models (the first exploratory in chapter 4, the second explanatory in chapter 5) that we developed in

¹ The non-profit organisation Creative Commons (2012) offers an extensive overview of 39 participation models, which have been developed between the period 1969 (Arnstein's Ladder of citizen participation) to 2012 (Shier's et al. YingYang model of Youth Participation).

this study, contribute to further theory building on participation in decision-making with regard to (secure) residential care.

International cooperation between scholars from different countries on how to come to such a common understanding of participation in relation to different contexts would be a first step (see also Casas, 2016). A significant development in this area is a recently established working group on Therapeutic Residential Care (TRC) (Whittaker et al., 2016). With this, the possibility arises to provide further insight into the challenges and facilitators to participation of young people in residential care. In line with this, Casas (2016) argues that this must not go without including young people: "... we need empirical evidence on children's points of view from as many countries as possible to make possible a broad international debate. And for that purpose we need young people to be involved in our research, to be considered active social agents who have the capacity to advise and improve our research and our action to improve our societies." (p. 6).

Recommendations and future perspectives for practice

We are aware of the challenges that come with implementing participation in a coercive context such as secure residential care. On the one hand, young people have the right to participate in the institutions and decisions that affect their life (Checkoway, 2011, p. 341). On the other hand, young people are placed within these facilities oftentimes under coercive measures, in which professionals are assigned to take care of the young person and to act in his or her best interests. For professionals working in the context of secure residential care, this requires a need for a continuous balancing between different interests (punishment, protection, and rehabilitation/participation) (cf. Abrams et al., 2005; Söderqvist et al., 2014). To address this inherent tension between the different rationales underpinning the secure residential context, both professionals from different layers within the institute and young people should be engaged in future dialogues to establish meaningful participation.

In order to establish a meaningful participation process for young people staying in secure residential care, a positive relationship with their (care) professionals is essential. Several authors in the field of secure residential care suggest looking further into professional skills that influence a positive adolescent-staff relationship (Bastiaanssen et al., 2012; Harder, 2011; Van der Helm, 2011). This would also be recommended for the type of skills which are essential in relation to establishing a meaningful participation process. To further develop professionals' strategies and expectations to include young people, we recommend paying attention to the topic of participation in the schooling of new care professionals.

Furthermore, we recommend that not only the participation of young people should be given more attention throughout the treatment process, but also the young people's caregivers and social context (DJI, 2011; Geurts, 2010; Whittaker et al., 2016). The

fact is, participation of young people's parents during residential care is associated with better treatment outcomes (Geurts, 2010; Geurts, Boddy, Noom, & Knorth, 2012). In recent years, several steps have been taken with regard to the participation of the young people's social system in secure residential care, both on the level of the organisational environment and on the level of the Dutch government (DJI, 2011; Het Poortje Jeugdinrichtingen, 2013). The establishment of the New *Act on Care for Children and Young People* (2015), has put a further emphasis on the position and self-reliance of young people and their caregivers.